

VHSO News Bites

Upcoming Events:

- ♦ **VA was created—**
July 21st
- ♦ **Military Order of**
the Purple Heart
Recognition Ceremony—August
1st
- ♦ **Women's Equality**
Day—August
26th

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Volume 5, Issue II

Summer 2013

Message from the Director

This has been a very exciting few months for VHSO. We had our Dedication and Grand Opening Ceremony for the Clinical Addition, celebrated National Hospital Week, and were selected to host next year's Golden Age Games.

I could not be prouder of the staff at VHSO. We continue to strive for excellence and are constantly on the lookout for ways to improve our services. This year each of our services has prepared a Systems Redesign project, and we are well underway to completing all of them. Also, be on the lookout for whiteboards in your service soon. These whiteboards will be in areas where you can write your own ideas for processes we can strive to improve. I value input from all of my employees, and I want us to be addressing issues that you may be experiencing with the processes and work-flows that you use to accomplish your tasks



We recently had our Governor's Award site visit, and I was very impressed with how knowledgeable and hardworking our staff were. You all were very accommodating to our visitors, and are a vital asset to obtaining this award. I know we all look forward to hearing the results for the award. Last, I want to officially welcome Mr. W. Keith Neeley—our new Associate Medical Center Director. Mr. Neeley comes to us from Bay Pines, Florida and he has hit the ground running in his role. We know we are in good hands with all of his experience. Please help him feel welcome!

MARK A. ENDERLE, M.D.
Medical Center Director

Golden Age Games

VHSO is excited to announce we have been selected to host the National Veterans Golden Age Games next year, it will take place in May or June 2014!

The Golden Age Games offer sports and recreational competitive events for Veterans 55 years of age and older. Veteran athletes age 55 and up can compete in track and field events including discus, javelin and shot put, swimming, cycling, shuffleboard, air rifle, table tennis and horse shoes, just to name a few. This is the largest sports and recreation competition for this age group of military Veterans in the world! The Games continue to serve as a showcase for the rehabilitation value that wellness and fitness provide in the lives of older Americans.

"We are thrilled to be hosting the Golden Age Games," says Dr. Enderle, Medical Center Director. "This is a wonderful opportunity for our Veterans, our medical center and our community."

This event is going to be a facility wide effort and we are going to need all hands on deck. Please be thinking of ways in which you may want to help!



National Hospital Week

This year we celebrated National Hospital Week from May 12-18. The theme this year was “A Guiding Light for Changing Times,” and couldn’t have been more appropriate, as it coincided on the last day with our Clinical Addition Dedication and Grand Opening Ceremony. Throughout the week we celebrated all of our dedicated employees who work every day to keep our community and Veterans



healthy. National Hospital Week is the nation’s largest health care event and dates all the way back to 1921.

At VHSO we had a full slate of activities that our employees attended in force, including an Ice Cream Social and a BBQ Lunch. We also held a food drive from May 6-14th in honor of National Hospital week. As a whole we collected **334 pounds of food**. The items collected are to be donated to Seven Hills Homeless Shelter and Life Source, in Fayetteville, AR.

This week would not have been possible if it were not for the hard-working employees who pulled it off. Thank you to Anna Livingston who was our fearless leader for the week, and to all of those who helped her coordinate the events and volunteered during them.



Privacy Corner: Auditory Privacy Awareness

All facility employees are required to safeguard and ensure patient confidentiality regarding auditory Individually Identifiable Information (III) in facility operations, which includes the check-in process. Appropriate precautions and safeguards are:

- ◆ Use the Veterans Identification Card (VIC) for identification upon check-in if available,
- ◆ Use an appropriate tone of voice when speaking with a Veteran in a public area or during check-in,
- ◆ Only discuss the information necessary to accomplish the function,
- ◆ Don’t ask for the full Social Security Number (SSN) when the last four of the SSN is sufficient,
- ◆ Ask other Veterans in line for clinic check-in to wait a short distance away from the desk until called,
- ◆ Only call Veterans back to an exam room, pharmacy window or other treatment areas by name, and
- ◆ Go behind closed doors to have discussions involving personal information of the Veteran.

For questions concerning any privacy related issue, please contact David Smith @ 6-4038.



Privacy Officer
David Smith

Nurses Week

VHSO celebrated nurses on Monday May 6, 2013, along with nurses across the nation. The celebration started the week before when primary care nurses and nursing clinical support developed a display case in the Building 1 lobby. Using the theme “Delivering Quality and Innovation in Patient Care”, the display showcased our nurse engagement in many of our Veteran programs. During Nurses Week our patients and visitors were greeted with a large banner at the entrance to Building 1.



The Associate Director of Patient Care Services (ADPCS), Salena Wright-Brown, made rounds to the inpatient units and greeted many nurses as they came and left. She provided treats for all the nurses. Nurse Managers and Associate Chief Nurses were stationed at entrances around the building to greet staff and distribute treats.

At noon, many nurses and other staff gathered in the auditorium for a celebration reception honoring VHSO's stellar nurses. Medical Center Director, Dr. Enderle addressed the audience as did Salena Wright-Brown, ADPCS. Salena Wright-Brown also presented the nursing excellence awards. Some of our nurses presented their experiences and this year, our first cohort of Nurse Residents was represented by Amy Rose. Recently presented nursing posters lined the auditorium to help us create a visual of the varied professional EBP projects that have gained attention at local, state, and national professional conferences.



Spotlight On: Substance Abuse Clinic



VHSO is trying to break the stigma that often surrounds mental health and substance abuse.

We face challenges daily when we try to address dependency as an illness. Since substance dependency often involves individuals that may go through treatment several times, there is a stigma that surrounds the issue. One of the main challenges at VHSO we face with regards to substance abuse is how do we remain state of the art clinically and ethically in dealing with chronic relapse? Those who are involved in our Substance Abuse Clinic (SAC) work diligently to solve this issue.

What does SAC do?

Our Substance Abuse Clinic provides general and intensive outpatient and residential services. SAC is a vital part to our Veterans overall mental health treatment, working closely with the homeless program and MHICM as well. It is vital that we use case management to provide comprehensive mental health treatment to those Veterans in our SAC program, since approximately 60 to 70 percent are homeless, unemployed, underskilled, or have a disintegrated family. It is essential we provide case management in our efforts to provide long-term support for our Veterans who often lack the foundational resources (i.e. clean/safe place to live, regular meals) necessary to continue in their progress.

Our SAC team:

The SAC program has clinicians at our Fayetteville, Mount Vernon, Fort Smith, and Branson locations. We have addiction therapists, social workers, and a psychiatrist on staff to help with the program. At VHSO we also utilize graduate interns, who have done a number of research stud-

ies. We continue to have strong working relationships with the University of Arkansas and John Brown University when it comes to opportunities for their graduate students.

A SAC referral:

A majority of referrals for the SAC program are acute crisis and come from consults through the hospital. The majority of those who enter into the program present in the emergency room, usually needing detox, but also possibly suicidal or having an overdose. However, referrals can come from anywhere; there can be self-referrals, family referrals, and primary care referrals.

So what is the process in our SAC program?

Well, first a consult request for SAC is entered, the next step is evaluation of the Veteran by a designated SAC clinician. The SAC clinician then works on recommendations for a treatment plan. As this point it is important that we educate our Veterans, talk about recent, current and probable consequences of continued use, and offer support without judgment. These are essential in working on a treatment plan, since we cannot, nor do we want to, coerce our Veterans into treatment.

Key Collaboration:

Another key collaboration our SAC program has is with the Veteran Treatment Courts that are now in Fayetteville and Bentonville, AR. We have built important relationships with local judges and prosecutors to add VA resources as an option for pre-adjudicated Veterans. This means that Veterans in those areas with pending felonies that are non-violent offenses can opt for our program and

if they comply fully may be able to have their record expunged.

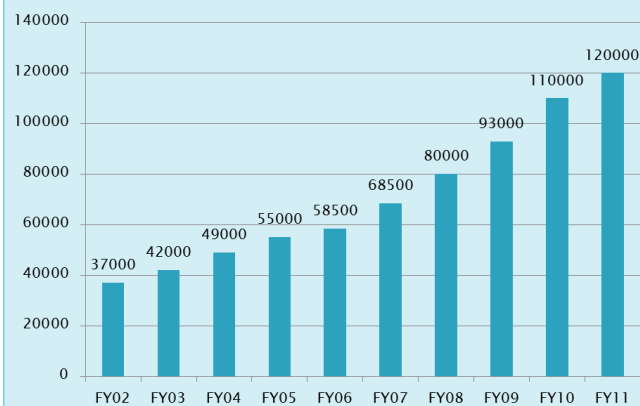
Addiction Recovery:

Mic Wright, Director SAC Services at VHSO, best attributes this relationship to an analogy with diabetes. After all, if a diabetic is in a treatment program and sneaks candy so that their blood sugar elevates, we would most likely not kick them out of treatment. The same should apply for addiction recovery, instead of shaming those who admit fault and ask for help, we should constantly be working with them to review the treatment plan and figure out how best to help them.

What's to come next for our SAC program?

Leroy Pond is going to be renovated as a 91 day domiciliary care unit that will provide more intensive outpatient services to our Veterans. The admission criteria will target those Veterans who are a dual diagnosis of homeless as well. There is a need for an area where VHSO can provide a longer length of stay for our Veterans who need assistance with long term sustainable support to maintain their recovery. We look forward to Leroy Pond's renovation and new service it can provide to our Veterans.

Number of Veterans in VHA Care with PTSD Diagnosis and SUD



Patient Comments and Letters

The Medical Center Director's Office received the following in a letter from one of our Veteran Patients:

"You have a staff, from doctors all the way through to maintenance, who are not only competent, they also care, and it shows all throughout your hospital."

"Especially I want to commend the techs in **Radiology, the labs, and nuclear medicine**. The receptionists in each area also are competent and helpful."

VHSO received the following letter about a Veteran patient on **Team 2**:

"You have got exceptional employees on that team...We could not have been treated any better. They all went the extra mile to make my husband's appointment a pleasant experience. "

VHSO received the following letter that was sent from a Veteran to the Secretary's office:

"Although you may already be aware of what a fine **Team Eleven Health**

Care group you have in the Mt. Vernon, Missouri Out-Patient Center, I would like

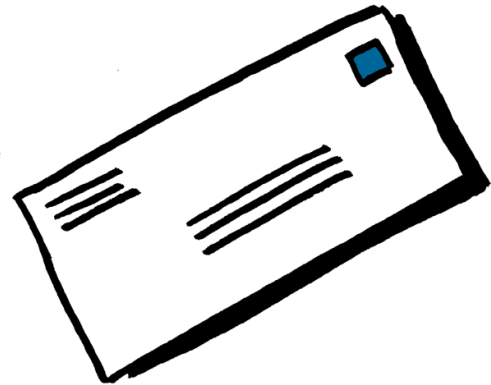
to add my compliments to whatever other good reports you may have received. "

Facebook Comments:

"Let me tell you how much we appreciate all the staff, and doctors, nurses espe-

cially **Dr. Cooper (and crew) and the Step down unit**. THANKS FOR ALL YOU DO."

"I have to say the VA in Fayetteville have the **best Nurses anywhere**"



Patient Information and the Media

When it comes to the news media and our patients, the most important factor to remember is – **when in doubt require an authorization**.

It is extremely important that we are protecting our patient's private information in compliance with HIPAA regulations.

Here are some guidelines to follow when it comes to patient's protected health information (PHI) and the news media:

- Individually identifiable information to the news media may be disclosed upon receipt of a signed authorization from the individual.
- Without a signed au-

thorization, information in the Facility Directory about a particular *inpatient* Veteran may be disclosed.

- If a Veteran is missing, the minimum necessary information may be disclosed to assist in locating a missing patient.
- For missing Veterans, diagnoses or other PHI may not be disclosed to the news media, except when necessary to convey the urgency of a situation.

Here are some guidelines on how to respond to common news media requests:

- Media requests interviews with employees – At VHSO, staff mem-

bers shall not provide information and/or interviews on VA property without clearance from the Public Affairs Office, the **Public Affairs Officer is Wanda Shull** and she can be reached at ext. 65127.

- Employees are not authorized to disclose any individually-identifiable information on a patient or Veteran during an approved interview without the prior written authorization of the patient or Veteran.
- The media calls and are featuring a story on the care of the Veteran population and want copies of documents, individual names and



other identifying information: The facility may provide general information that does not identify, even implicitly, individual patients.

- If the news media makes a written request for information, the request should be given to **Privacy Officer Dave Smith** (ext. 64038) who is responsible for answering Freedom of Information Act requests for information.

Employee Awards

Congratulations to the following VHSO staff members for receiving length of service awards:

March 2013:

10 Years:

Christopher Barker, Nursing
James Duncan, Pharmacy
Maureen Farrell, Nursing
Angela Felkins, Pharmacy
Andrew Gundlach, Primary Care
Matthew Iglesias, Primary Care
Gabriel Ruffing, Audiology
Sharman Shepherd, Nursing

15 Years:

Samuel Colegrove, Nursing
Melonie Cook, Nursing
Dr. Mary Ann Kit, Primary Care

20 Years:

Doris Earls, N&FS
Elizabeth Krause, Nursing

Phillip Lambey, N&FS
Kristi Masterson, Primary Care
30 Years:
Sonya Trentham, Contracting

April 2013:

10 Years:

Nicholas Donahoe, Primary Care
Janet Frantz, Nursing
Samuel Hathcock, EMS
Tracy Lucero, P&LM
Bernice Mounsey, Primary Care
Terri Sturgeon, EMS

15 Years:

Robyn Odle, Nursing
Kristen Olson, P&LM

May 2013:

10 Years:

Alice Carpenter, Nursing
Brenda Dyson, Primary Care

Chad Fredrick, Primary Care
Robert Hockel, Nursing
Patrick Lavery, Psychiatry
Vickie Plunkett, Radiology
Carol Sharpe, Primary Care
Glee Shoffit, Nursing
15 Years:
Lisa Martinez, Nursing
Dr. William McNair, Surgical
Mitzi Meek, Primary Care
Joe Roe, EMS
Brian Ross, Police
Kimberly Smith, Radiology
James Wright, EMS
30 Years:
Carol Kick, Voluntary
Jacqueline Long, Director's Office



Great Catch Awards

VHSO is looking for a Great Catch, or several! We have recently implemented a new award system called the "Great Catch Awards." These are awards that are given to employees when they report a close call. A close call is any event or situation that could have results in an accident, injury, or illness, but did not, either by chance or through timely intervention.

Why do we care so much about close calls? Well, they are opportunities for learning and afford our staff a chance to develop preventive strategies and actions, in case the situation were to arise again.

At VHSO we are working hard to change any negative perceptions about reporting errors. In fact, it is just the opposite, we want to know about errors, because we see them as an opportunity! Encourage your staff, your coworkers, your friends to report a close call or near miss. After all, you can help us to identify areas where patients' quality of care and safety might be improved.

Reporting a near miss is considered a "great catch" and comes with rewards:

- Great Catch award certificate.
- A lapel pin or coin.
- Special recognition on the Patient Safety Website.
- Sincere thanks for dedication to patient safety and personal satisfaction.

To submit a "Great Catch" for consideration, go to the Intranet website for patient safety and fill out form 10-2633, Report of Special Incident Involving a Beneficiary. The website is:
<http://vawww.fayettevillear.va.gov/patient-safety/documents/great-catch.html>

Here is a list of our current "Great Catch" winners:

Tom Barnett

Michael D. Lee

Lyndle E. Thacker

Lisa M. Watroba-Brown

Sharie Kirk

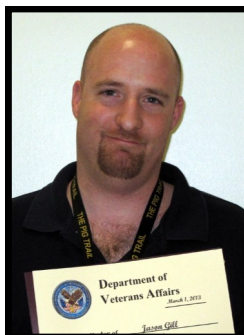
Mary Sutton

Todd E. Logg

Kathy Luhn

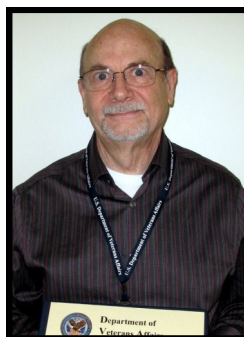
VHSO Employee of the Month

March : Jason Gill,
SE&OM



It is VHSO policy to recognize our employees who make a contribution in support of the mission, organizational goals, objectives, and the VA's Strategic Plan.

April: Michael Douglas,
Pharmacy



Congratulations to all of our former Employee of the Months! Stay tuned to see who wins Employee of the Year for 2012!

May: Marsha Scott,
Nursing



VHSO is on Facebook!

Receive important highlights and updates about happenings at the VA and VHSO

Find us at: www.facebook.com/VAFayettevilleAR

What is an RCA?

RCA stands for Root Cause Analysis, and is critical in the process of improving patient safety. Here are some things you might want to know about RCAs:

Why do an RCA?

- RCAs are used to focus on improving and redesigning systems and processes — rather than focus on individual performance, which is seldom the sole reason for an adverse event or close call.

Who can be on an RCA?

- Since people on the frontline are usually in the best position to identify issues and solutions, RCA teams at VHSO include a cross section of our employees.



Members of a recent RCA team presented findings to the Director.

What does an RCA team do?

- Multidisciplinary RCA teams investigate matters ranging from medication errors, to suicides, to wrong site surgeries. The goal of the RCA process is to find out what happened, why it happened, and to determine what can be done to prevent it from happening again. The teams investigate adverse events and close calls, formulate solutions, and work on implementing and measuring outcomes. Findings can even be shared nationally if there is a clear benefit for multiple facilities.

Here's an example of a recent RCA at VHSO: "Delay in Treatment Resulting in Amputation of Toe"

This RCA that was done due to a delay in antibiotic delivery to a Veteran which may have been one contributing factor to the Veteran eventually requiring an amputation of the toe. Due to the RCA being conducted it was found that what is visually being seen by the staff on the computer screen is not always being communicated to the end user. It was found that the two computer programs being used in this situation had a lack of communication between them. Thus, a delay in antibiotic delivery occurred. After conducting the RCA, the software program was corrected to prevent future problems.

VERA

What is VERA ?

Veterans Equitable Resource Allocation (VERA) is the primary source of funding for VA networks (90% of our budget). VERA reimbursement is primarily impacted by the care that facilities document they have provided. *It is essential we accurately document clinical care and ensure it is correctly captured in order to receive optimal funding.*

What is Vesting and why does it matter?

A vested patient is a Veteran who relies on VA health care for routine or complex health care services. A patient that receives exclusively outpatient services must receive a level-three history and physical (H&P) at least once in a three year period by an authorized/vesting clinician in order to remain vested.

Non-vested patients fall into the "Non-reliant" Patient Classification, which is funded at 1/10 of the lowest reliant (Basic Care) classification. For fiscal year 2013, the Non-Reliant patient class is funded at \$284, whereas Basic Care Price Group 2 is funded at \$2,664. *This represents a net gain in VERA reimbursement of \$2,380 for each Basic Vested Veteran.*

What is a vested visit?

It is an Evaluation & Management (E&M) level 3 or higher visit by a provider (MD, DO, APN/NP/CNS, PA, Psychiatrist, and Ophthalmologist). Many visits to Primary Care, ED, and Psychiatry with an E&M component, HBPC, and Preventive Medicine qualify as a Level 3 visit.

In essence, clinical care that is not captured in data form has not really taken place for reimbursement purposes.

Who can provide a vesting exam?

A clinician authorized by the Centers of Medicare and Medicaid (CMS) to provide E&M exams must administer Vesting CPT codes (99213 or 99203). The "Person Class" field in the VHA database identifies the VHA professional as a Vesting Provider.

What are the elements of a Level 3 Established (99213) visit?

History: 1-3 history of present illness elements, 1 Review of Systems related to problem.
Exam: 6-11 bullets (Body Areas or Organ Systems)
Medical Decision Making: Low 2 out of 3 from the above elements

What are the elements of a Level 3 New Patient (99203) visit?

History: 4 or more History of Present Illness (HPI) elements or status of 3 or more chronic or inactive conditions, 2-9 Review of Systems, and 1 or more Veteran family/social history
Exam: 12 or more bullets (Body Areas or Organ Systems)
Medical Decision Making: Low 3 out of 3 from the above elements

Please contact Bill Oliver, VERA Program Coordinator at 64175 or Penny Perkins, VERA Program Specialist at 65673 for additional information or to schedule VERA or E&M training for your staff.

Clinical Addition Update: Grand Opening Ceremony

On Friday, May 17, 2013 we celebrated the Dedication and Grand Opening Ceremony for the Clinical Addition. Thank you to the staff, visitors, and Veterans who were able to attend the ceremony. It was such a wonderful event, and a special thank you to the staff who worked so hard to put there ceremony together.

VHSO was honored to have Ms. Rica-Lewis Payton, VISN 16 Network Director, visiting us, as well as Mr. William C. Schoenhard, Deputy Under Secretary for Health for Operations & Management, who was our keynote speaker. Take a look at some of the pictures from the ceremony, and for more photos be sure to check out the blog at "VHSO Voice" on the Intranet.

